

**Department of Intellectual and Developmental Disabilities
Quality Assurance Individual Review
for
Nursing Services**

Domain 2. Individual Planning and Implementation

Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.

Indicators	Results	Guidance	Comments
*2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider completed the Risk Issues Identification Tool prior to completion of the annual ISP or whenever needed to address emerging needs or amend current supports and interventions.</p> <p>The provider actively participates in the information gathering process including making appropriate recommendations related to the physician's orders for nursing.</p> <p><i>Provider Manual Reference: 3.3.a.; 3.5.; 3.9.</i></p>	
*2.A.5. The plan includes individualized supports and services to address the person's needs.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISP identifies and describes the medically necessary services in accordance with physician orders.</p> <p>The nursing services plan of care is related to the supports identified in the ISP.</p> <p><i>Provider Manual Reference: 3.3.a.; 3.5.; 3.7.a., b.; 3.10.; 3.11.d; 3.12.; 15.2.</i></p>	

Outcome 2B. Services and supports are provided according to the person's plan.

Indicators	Results	Guidance	Comments
*2.B.2. The person's plan is implemented in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Services, plans and programs are developed and implemented according to time frames identified in the person's ISP or there is documentation to support the extension of a timeframe and the need to update this in the ISP.</p> <p><i>Provider Manual Reference: 3.10.e.; 3.12.c.; 3.17.b.; 15.2.e.</i></p>	

<p>*2.B.3. The person receives services and supports as specified in the plan.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>Services are consistently provided in a timely fashion, and in the approved type, amount, frequency, and duration identified in the person's Individual Support Plan.</p> <p>Discrepancies in approved units versus delivered units are identified and explained.</p> <p>Recommendations are made as needed to reduce discrepancies.</p> <p>Physician's orders for services are current and include amount, frequency and duration.</p> <p><i>Provider Manual Reference: 3.17; 6.11.; Chapter 11; 15.2</i></p>	
<p>*2.B.4. Provider staff are knowledgeable about the person's plan.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>The provider ensures that there is a copy of the current ISP located in the nursing record and staff have access.</p> <p>Provider staff have received training specific to the person's individual needs, interventions and programs and are knowledgeable about any responsibilities they have to carry out related to activities identified in the plan. This includes supports related to risks, health related needs, dietary issues, and equipment.</p> <p><i>Provider Manual Reference: 3.12.c; 3.17; 6.11; Chapter 11</i></p>	
<p>*2.B.5. Provider documents provision of services and supports in accordance with the plan.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>Ongoing documentation shows the provider's efforts to implement services and supports in accordance with the person's plan. Documentation is completed and maintained per DIDD Provider Manual.</p> <p>Supports and interventions relating to risks are carried out.</p> <p>Contact notes are written for each visit in accordance with the requirements in the DIDD Provider Manual.</p>	

		<p>Each contact note must contain:</p> <ol style="list-style-type: none"> 1. The name of the service recipient; 2. The time the service began and ended; 3. The purpose of the contact, including the ISP action step or outcome addressed; 4. The type of services provided; 5. Any training provided to direct support staff or instruction provided to the service recipient or family; 6. Data collected or reviewed by the nurse to evaluate progress in achieving action steps or outcomes, including assessment of the service recipient's response to implementation of staff instructions and nursing services; 7. The status of any equipment pending approval or delivery; 8. Plans for follow-up actions, changes in staff instruction and/or changes in the therapy plan of care and ISP; 9. Units of service used during the contact period; 10. Nurse name, credentials and date of contact. <p><i>Provider Manual Reference: 3.17.; 6.11; 8.9.e; 15.2</i></p>	
Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed.			
Indicators	Results	Guidance	Comments
*2.D.6. Provider documentation indicates appropriate monitoring of the plan's implementation.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>DIDD requirements are followed and issues related to delivery of services and implementation of the plan are detected and addressed to resolution.</p> <p>The review provides a summary of the progress in meeting ISP action steps and outcomes.</p> <p>The nurse follows necessary steps to obtain needed medical supplies and durable medical equipment for the individual. Documentation reflects any issues with obtaining needed equipment and the resolution of those issues.</p>	

		<p>Discharge summaries are completed in accordance with the requirements in the Provider Manual. Discharge summaries must contain:</p> <ol style="list-style-type: none"> 1. The name of the service recipient being discharged; 2. A summary of the services provided; 3. The status of the service recipient at the time of discharge; 4. Progress in implementing the clinical service plan of care and in completing or meeting ISP action steps and outcomes; 5. Recommendations regarding maintaining status at the time of discharge; 6. Indicators for initiating a new referral for assessment and / or services as applicable / appropriate; 7. The clinical service practitioner's name and credentials with the date the discharge summary was completed; and 8. The effective date of discharge. <p><i>Provider Manual Reference: 3.17.; 3.18.a.; 3.18.b.; 8.9.f.; 8.9.g, 15.2</i></p>	
2.D.7. The provider informs the ISC of emerging risk issues or other indicators of need for revision to the individual plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Documentation reflects when there are issues that may impact the continued implementation or appropriateness of an ISP or when there is a need for a periodic review of the ISP, provider staff notify the appropriate persons, provide all needed information and follow the issue to resolution.</p> <p>The provider is responsible for carefully reviewing the final ISP and notifying the ISC of any inaccurate, conflicting or missing information.</p> <p><i>Provider Manual Reference: 3.10.f.; 3.11.d.; 3.15; 3.18.; 3.18.a.; 3.18.b.; 8.9.f.; Chapter 11; 15.2</i></p>	

Domain 3. Safety and Security			
Outcome 3C. Safeguards are in place to protect the person from harm.			
Indicators	Results	Guidance	Comments
*3.C.5. Provider staff are knowledgeable about the protection from harm policies and procedures.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	For all settings in which they work, staff are able to locate available incident reporting documents. <i>Provider Manual Reference: 18.2.; 18.4.</i>	
Domain 5. Health			
Outcome 5A. The person has the best possible health.			
Indicators	Results	Guidance	Comments
5.A.3. The person reports that he/she has been educated about health risks and is supported to develop healthy alternatives (e.g., smoking cessation, routine exercise, good nutrition).	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Interview</u> <i>Provider Manual Reference: Chapter 11</i>	
*5.A.5. Needed health care services and supports are provided.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	Physician's orders are current and carried out as written in a timely manner. All specialized health related equipment is maintained appropriately on a continuous basis. Ongoing documentation shows the provider's efforts to obtain needed treatments, follow-up and assessments within time frames indicated or needed. Agency documentation systems verify staff implementation of health care related interventions. Any health related procedures requiring completion by a nurse are completed only by a nurse. Only a registered nurse may delegate activities related to health related procedures. Documentation of RN delegation includes and	

		<p>specifies:</p> <ol style="list-style-type: none"> 1. That the nurse personally is delegating his/her license; 2. Names of staff delegation is applicable to; 3. Specific task/s being delegated; 4. Description of training provided to staff; and 5. Description of how the RN will monitor staff. <p><i>Provider Manual Reference: Chapter 11; 13.9.; 14.2.; Joint Statement on Delegation, American Nurses Association and National Council of State Boards of Nursing.</i></p>	
5.A.6. Health care services and supports are coordinated among providers and family members.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The nurse is actively involved in collaborative and coordinated actions to address barriers and concerns related to health care supports and services.</p> <p>All requirements regarding the administration and review of psychotropic medications are followed.</p> <p>The agency ensures there is a plan for “as needed” or PRN orders for psychotropic medications as ordered by the physician. The plan shall include a list of less restrictive measures to be taken or attempted to stabilize the situation should a crisis occur.</p> <p><i>Provider Manual Reference: Chapter 11</i></p>	
*5.A.8. Provider staff take actions to address the person's emerging health problems or issues.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Upon discovery of any emerging health problems, ineffective medical interventions, additional information, or changes in health care concerns:</p> <ol style="list-style-type: none"> 1. Nursing staff obtain the necessary intervention from the applicable health care provider, and 2. The nurse notifies the person's Independent Support Coordinator, legal representative and primary service provider. <p>The nurse must focus on the immediate health care problem of the individual, yet remain aware of any trends that may be developing.</p> <p><i>Provider Manual Reference: Chapter 11; 18.2.a - b.</i></p>	

Outcome 5B. The person takes medications as prescribed.			
Indicators	Results	Guidance	Comments
5.B.1. The person's record adequately reflects all the medications taken by the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The person's record contains current physician's orders for each medication (includes prescribed and over the counter).</p> <p>Orders for all medications, including PRNs, are clearly written.</p> <p>The person's record contains information about the person's current medications as well as pertinent historical information about any allergies or issues related to specific medications.</p> <p><i>Provider Manual Reference: Chapter 11</i></p>	
*5.B.2. Needed medications are provided and administered in accordance with physician's orders.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>If the nurse is responsible for the administration of medications, the nurse ensures that prescription medications are taken in accordance with the directions of a physician.</p> <p>Ongoing medication refusals are reported to the prescribing practitioner.</p> <p>Medication variances are effectively detected and responded to per agency and DIDD policy and procedures.</p> <p><i>Provider Manual Reference: Chapter 11; 18.4.b.4)</i></p>	
*5.B.4. Medication administration records are appropriately maintained.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Medication administration records are documented, legible, and accurately reflect DIDD requirements.</p> <p>Documentation of PRN medication includes the reason and result on the MAR.</p> <p>Information related to side effects, such as medication profile sheets, are maintained in the person's record in a place readily accessible to the person administering the medications.</p>	

		Information listed on the MAR matches the medication bottle and physician's orders. <i>Provider Manual Reference: Chapter 11</i>	
5.B.5. Storage of medication ensures appropriate access, security, separation, and environmental conditions.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	Medications are stored according to Best Practice Guidelines. <i>Provider Manual Reference: Chapter 11</i>	
Outcome 5C. The person's dietary and nutritional needs are adequately met.			
Indicators	Results	Guidance	Comments
*5.C.1. The person is supported to have good nutrition.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The nurse monitors appropriately for weight gain or loss, hydration, special diets, etc.</p> <p>The nurse implements recommended programs and/or plans in accordance with the nutritional needs of the person as noted in the ISP and/or prescribed for medical or health reasons. This includes the administration of enteral nourishment.</p> <p><i>Provider Manual Reference: Chapter 11</i></p>	
Domain 9. Provider Capabilities and Qualifications			
Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements.			
Indicators	Results	Guidance	Comments
9.A.3. The provider maintains appropriate records relating to the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider complies with appropriate DIDD requirements related to the person's record.</p> <p><i>Provider Manual Reference: Chapter 8.</i></p>	

Domain 10: Administrative Authority and Financial Accountability**Outcome 10A. Providers are accountable for DIDD requirements related to the services and supports that they provide.**

Indicators	Results	Guidance	Comments
*10.A.1. The agency provides and bills for services in accordance with DIDD requirements.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Services are provided in accordance with waiver rules and the DIDD Provider Manual, including but not limited to:</p> <ol style="list-style-type: none"> 1. Current Physician orders are in place for services. 2. LPNs receive on-site supervision from an RN. It is the responsibility of the RN to determine and document the frequency and kind of supervision. <p><i>Provider Manual Reference: 8.9.e.; 20.6.b.; TCA 63-7-108</i></p>	